



# **Town of Salem NH Fire Department EMS Supplies Sealed Bid (2021-005)**

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## **SALEM PURCHASING**

Christine Wholley, Purchasing Agent  
cawholley@ci.salem.nh.us

Chris Dillon, Town Manager

Prepared for and in coordination with the  
**Salem NH Fire Department**  
Director of EMS, Doug Devine  
603-685-6518 (office)  
[ddevine@salemnh.gov](mailto:ddevine@salemnh.gov)



**COMPETITIVE SEALED BIDS FOR  
Town of Salem NH**

**33 Geremonty Dr.**

**Salem NH 03079**

**Salem NH Fire Department EMS supplies**

**2021-005**

**It is the intent of the Town of Salem, New Hampshire to engage the services of a qualified Vendor for EMS supplies with a need for a vendor supplied tracking system, this is either the vendor performing that function or supplying the software to do so.**

Sealed bids must be received no later than February 16, 2021 @ 11:00am from interested firms, to be eligible for consideration by the town. Each bid will be submitted in a sealed envelope which is clearly marked **“Bid- 2021-005 SFD EMS supplies”**

**You may download a copy of the bid 2021-005 from our Town website [WWW.townofsalemnh.org](http://WWW.townofsalemnh.org) under purchasing and current bids and proposals.**

All sealed bids received will be considered confidential and not available for public review until after the bid opening on February 16, 2021 @ 11:00am. Bid opening via Zoom this information will be provided on the Towns website [www.townofsalemnh.org](http://www.townofsalemnh.org) under Purchasing and current bids and proposals

**Sealed bids and all correspondence relating to this ITB shall be submitted to: Christine Wholley, 33 Geremonty Dr. Salem NH 03079.**

**Town Hall is open to the public Monday-Friday 8:30am-11:30am and 2:00pm-4:00pm, complete bids may also come in via Fed-Ex or UPS the Town Hall is accepting mail Monday-Friday 8:30am-5:00pm.**

Qualified Firms requiring additional information or clarification relative to the contents of the bid may **direct inquiries to Doug Devine at 603-685-6518 or [ddevine@salemnh.gov](mailto:ddevine@salemnh.gov)**

- (1) One original and (1) one copy is required and must be received at the above address no later than February 16, 2021 on or before 11:00am, late bids will not be considered.

**FAXED/EMAILED COPIES WILL NOT BE ACCEPTED.**

The Town reserves the right to reject any or all bids/proposals or any part thereof, to waive any informality or information in the bids/proposals, and to accept the bid /proposal considered to be in the best interest of the Town. The Town also reserves the right to conduct reasonable negotiations with low bidders and sole bidders. Failure to submit all information may declare a bid/proposal as non-responsive subject for disqualification.



**Town of Salem, New Hampshire**

***Purchasing Department  
33 Geremonty Drive  
Salem, New Hampshire 03079  
PH (603) 890-2090 FAX (603) 890-2091***

**Notice To Qualified Firms**

- \*Do not alter bid documents in any way.
- \*All bid documents must be filled out to be considered.

If you wish to offer comments, additional information or alternate bids, please do below or on a separate sheet and attach it to the bid sheet.

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

The purpose of the attached specifications is to define minimum requirements only. They are not meant to be restrictive. All manufacturers meeting or surpassing these minimum specifications are invited to submit a bid/proposal.

**For questions or clarification on specifications please contact**

Salem NH Fire Department Director of EMS Doug Devine (603)685-6518 or  
[ddevine@salemnh.gov](mailto:ddevine@salemnh.gov)

The Town of Salem reserves the right to reject any and all sealed bids/proposals that it deems non-conforming to the specifications enclosed. All information must be filled out correctly for consideration.  
**DO NOT FAX BIDS, THEY WILL NOT BE ACCEPTED**



**Town of Salem, New Hampshire**

***Purchasing Department  
33 Geremonty Drive  
Salem, New Hampshire 03079  
PH (603) 890-2090 FAX (603) 890-2091***

**Specifications Exception Form**

In the interest of fairness and sound business practice, it is mandatory that you state any exceptions taken by you to our specifications.

It should not be the responsibility of the Town of Salem to ferret out information concerning the materials, which you intend to furnish.

If your bid/proposal does not meet all our specifications, you must state it in the space provided below.

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Bids/proposals on equipment, vehicles, computers, supplies, services and materials not meeting specifications may be considered by the Town, however, all deviations must be listed above.

If your bid does not meet our specifications, and your exceptions are not listed above or in space provided, the Town of Salem may claim forfeiture on your bid, if submitted.

Signed \_\_\_\_\_  
I DO meet specifications

Signed \_\_\_\_\_  
I DO NOT meet specifications as listed in this bid, exceptions are in space provided.  
Failure to submit this form with your Bid/Proposal response may result in your Bid/Proposal being rejected as unresponsive.

**Vendor Performance:**

- An account Representative will be expected to visit personally to the Salem NH Fire Department on a monthly basis to answer any questions regarding the account and assist with any issues with product they sell or represent.
- Vendor will do quarterly review with (SFD) of all supplies and services.
- An account representative will be available in the New England Area, and readily available.
- Vendor must carry the full product line used by (SFD) and is not allowed to use another vendor.
- If items are on back order for more then 7 days, the vendor must inform (SFD) of the status and the reason for delay. In these situations (SFD) has the right to cancel the order and purchase from another source.
- A restocking fee will not be allowed, and the vendor is responsible for all shipping charges on returned items. There will be no time limit in which the (SFD) can return an item.
- The vendor must have a 24/7 disaster line to restock (SFD) in the event of an unforeseen emergency incident.
- Vendor must supply an inventory tracking system, with either the vendor performing that function or supplying the software to do so.
- Vendor will supply a monthly inventory sheet.

**Awarded vendor:**

Quantities on page 5 are estimates, payments will be made on actual items ordered and delivered.



**ITEMS NEEDED, SOME WITH SPECIFIC VENDORS BRAND**  
**PAGES 5-10**

<b><u>Products</u></b>	<b><u>Specific Vendors</u></b>	<b><u>Estimated Quantity</u></b>
Curaplex® Disposable Hydrophobic Suction Canister, 1200cc	Curaplex	30
Hard Suction Catheters		30
Sterile Suction Connecting Tubing, 9/32in ID x 6ft L		30
Suction Catheter, Disposable, Sterile, Coiled, 6fr		10
Suction Catheter, Disposable, Sterile, Coiled, 16fr		10
Suction Catheter, Disposable, Sterile, Coiled, 8fr		10
Suction Catheter, Disposable, Sterile, Coiled, 12fr		10
Suction Catheter, Disposable, Sterile, Coiled, 14fr		10
Suction Catheter, Disposable, Sterile, Coiled, 10fr		10
Gastric Sump Tube, 16Fr x 48in L, 4.0mm OD, PVC, Clear		5
Gastric Sump Tube, 10Fr x 36in L, 3.3mm OD, PVC, Clear		5
Gastric Sump Tube, 18Fr x 48in L, 4.0mm OD, PVC, Clear		5
Gastric Sump Tube, 14Fr x 48in L, 4.0mm OD, PVC, Clear		5
Gastric Sump Tube, 12Fr x 48in L, 4.0mm OD, PVC, Clear		5
Smart CapnoLine®, Oral-Nasal, Pediatric, O2 Tubing Female Connector	covidien	20
Smart CapnoLine® Plus, Oral-Nasal, Adult/Intermediate, Tubing Female Connector	covidien	300
FilterLine® H Set, Adult/Pediatric	covidien	50
Bulb Syringe, Non-sterile		10
Sterile Lube		20
Masimo SET® M-LNCST™ Adhesive Sensor, Neonate/Adult	PHYSIO-CONTROL, INC	50
Oxygen Regulator, 0 to 25lpm, with Hose Barb and DISS connection		5
Closed CPAP Mask for use with Zoll - Small		20
Closed CPAP Mask for use with Zoll - Medium		80
Closed CPAP Mask for use with Zoll - Large		80
I-Gel 1.0	INTERSURGICAL INCORPORATED	10
I-Gel 1.5	INTERSURGICAL INCORPORATED	10

<b>I-Gel 2.0</b>	<b>INTERSURGICAL INCORPORATED</b>	<b>10</b>
<b>I-Gel 2.5</b>	<b>INTERSURGICAL INCORPORATED</b>	<b>10</b>
<b>I-Gel 3.0</b>	<b>INTERSURGICAL INCORPORATED</b>	<b>25</b>
<b>I-Gel 4.0</b>	<b>INTERSURGICAL INCORPORATED</b>	<b>50</b>
<b>I-Gel 5.0</b>	<b>INTERSURGICAL INCORPORATED</b>	<b>25</b>
<b>Adult Nebulizer Mask</b>		<b>30</b>
<b>Rusch® QuickTrach® Emergency Cricothyrotomy Kit, Adult</b>	<b>TELEFLEX MEDICAL</b>	<b>3</b>
<b>Chest Decompression Set</b>		<b>6</b>
<b>Adult BVM, Medium Mask</b>		<b>100</b>
<b>Pediatric BVM, Small Mask</b>		<b>5</b>
<b>Infant BVM, Infant Mask</b>		<b>5</b>
<b>Curaplex® Nebulizer Kit Plus</b>	<b>curaplex</b>	<b>50</b>
<b>Bag Assist Nebulizer Kit</b>	<b>Bound tree-Yvair</b>	<b>40</b>
<b>Oxygen Connecting Tubing, 7ft L, 3/16in ID</b>		<b>6</b>
<b>Nasal Cannula Adult</b>		<b>100</b>
<b>Nasal Cannula Pediatric</b>		<b>30</b>
<b>Non-rebreather - Adult</b>		<b>150</b>
<b>Non-rebreather - Pediatric</b>		<b>30</b>
<b>Thomas ET Tube Holder</b>	<b>LAERDAL MEDICAL CORP.</b>	<b>30</b>
<b>Rescuer MVP Manual Vacuum Pump, Suction Unit, Handheld</b>	<b>Go MFG Innovations, Inc</b>	<b>5</b>
<b>Oral Airway, 90mm</b>		<b>10</b>
<b>Oral Airway, 100mm</b>		<b>10</b>
<b>Oral Airway, 110mm</b>		<b>10</b>
<b>Bougie-To-Go™ ET Tube Introducer with Coude Tip</b>	<b>SUN MED</b>	<b>25</b>
<b>Curaplex® GreenSpec 2 Fiber Optic Laryngoscope Blade, Mac 3</b>	<b>curaplex</b>	<b>5</b>
<b>Curaplex® GreenSpec 2 Fiber Optic Laryngoscope Blade, Mac 4</b>	<b>curaplex</b>	<b>10</b>
<b>Curaplex® Select Greenline/D Fiber Optic Miller Laryngoscope Blade, Large Adult, Size 4</b>	<b>curaplex</b>	<b>10</b>
<b>Aircare® Uncuffed Endotracheal Tube with Preloaded Stylet, 3.0mm ID</b>	<b>SMITHS MEDICAL ASD, INC.</b>	<b>5</b>
<b>Aircare® Uncuffed Endotracheal Tube w/ Preloaded Stylet, 3.5mm</b>	<b>SMITHS MEDICAL ASD, INC.</b>	<b>5</b>
<b>Aircare® Uncuffed Endotracheal Tube with Preloaded Stylet, 4.0mm ID</b>	<b>SMITHS MEDICAL ASD, INC.</b>	<b>5</b>
<b>Aircare® Uncuffed Endotracheal Tube with Preloaded Stylet, 4.5mm ID</b>	<b>SMITHS MEDICAL ASD, INC.</b>	<b>5</b>
<b>Aircare® Cuffed Endotracheal Tube with Preloaded Stylet, 5.0mm</b>	<b>SMITHS MEDICAL ASD, INC.</b>	<b>5</b>
<b>Aircare® Cuffed Endotracheal Tube with Preloaded Stylet, 5.5mm</b>	<b>SMITHS MEDICAL ASD, INC.</b>	<b>5</b>
<b>Aircare® Cuffed Endotracheal Tube with Preloaded Stylet, 6.0mm</b>	<b>SMITHS MEDICAL ASD, INC.</b>	<b>5</b>

<b>Aircare® Cuffed Endotracheal Tube with Preloaded Stylet, 6.5mm</b>	<b>SMITHS MEDICAL ASD, INC.</b>	<b>5</b>
<b>Aircare® Cuffed Endotracheal Tube with Preloaded Stylet, 7.0mm</b>	<b>SMITHS MEDICAL ASD, INC.</b>	<b>15</b>
<b>Aircare® Cuffed Endotracheal Tube with Preloaded Stylet, 7.5mm</b>	<b>SMITHS MEDICAL ASD, INC.</b>	<b>15</b>
<b>Aircare® Cuffed Endotracheal Tube with Preloaded Stylet, 8.0mm</b>	<b>SMITHS MEDICAL ASD, INC.</b>	<b>15</b>
<b>Rusch® Nasal Airways, 105mm L, 22fr, Sterile</b>	<b>TELEFLEX MEDICAL</b>	<b>5</b>
<b>Rusch® Nasal Airways, 110mm L, 24fr, Sterile</b>	<b>TELEFLEX MEDICAL</b>	<b>5</b>
<b>Rusch® Nasal Airways, 118mm L, 26fr, Sterile</b>	<b>TELEFLEX MEDICAL</b>	<b>5</b>
<b>Rusch® Nasal Airways, 125mm L, 28fr, Sterile</b>	<b>TELEFLEX MEDICAL</b>	<b>5</b>
<b>Rusch® Nasal Airways, 127mm L, 30fr, Sterile</b>	<b>TELEFLEX MEDICAL</b>	<b>5</b>
<b>Rusch® Nasal Airways, 140mm L, 32fr, Sterile</b>	<b>TELEFLEX MEDICAL</b>	<b>5</b>
<b>Rusch® Nasal Airways, 155mm L, 34fr, Sterile</b>	<b>TELEFLEX MEDICAL</b>	<b>5</b>
<b>Rusch® Nasal Airways, 170mm L, 36fr, Sterile</b>	<b>TELEFLEX MEDICAL</b>	<b>5</b>
<b>Squared Safety Glasses, Clear Lens, Clear Frame</b>		<b>50</b>
<b>Emesis Bags, 1000cc, Standard</b>		<b>100</b>
<b>Exam Gloves, XL</b>		<b>100</b>
<b>Exam Gloves, Large</b>		<b>550</b>
<b>Exam Gloves, Medium</b>		<b>250</b>
<b>Exam Gloves, Small</b>		<b>20</b>
<b>Procedure Face Mask with Ear Loop, Blue, Non-sterile</b>		<b>5000</b>
<b>Antimicrobial Hand Sanitizer, 15oz</b>		<b>50</b>
<b>Polyethylene Coated Shoe Cover, White, One Size Fits All</b>		<b>500</b>
<b>Isolation Gown, Universal, White</b>		<b>2000</b>
<b>fluid resistant mask with faceshield</b>		<b>500</b>
<b>PDI Sani-Cloth Plus Low Alcohol Disposal Wipes, Large, 6in x 6 3/4in</b>	<b>NICE-PAK</b>	<b>200</b>
<b>3M V-Flex Particulate Respirator 9105</b>	<b>3M HEALTH CARE</b>	<b>500</b>
<b>Edge System™ Quik Combo® Electrodes, Adult, 24in L Leadwire</b>	<b>PHYSIO-CONTROL, INC.</b>	<b>80</b>
<b>Edge System™ Quik Combo® RTS Electrodes, Pediatric, 10.2cm x 8.9cm</b>	<b>PHYSIO-CONTROL, INC.</b>	<b>35</b>
<b>Ambu® BlueSensor SP, 50 Pouch</b>	<b>AMBU</b>	<b>300</b>
<b>ECG Chart Paper, Red Grid, LP11, LP12, LP15, 108mm</b>		
<b>Edge System™ Quik Combo® RTS Electrodes, Pediatric, 10.2cm x 8.9cm</b>	<b>PHYSIO-CONTROL, INC.</b>	<b>30</b>
<b>Suction Cup for LUCAS 2</b>	<b>PHYSIO-CONTROL, INC.</b>	<b>60</b>
<b>Fracture Bedpan, Female</b>		<b>10</b>
<b>Urinal with Cover, 32oz</b>		<b>10</b>



Biohazrd Bags 7-10 gal		200
Emergency Blanket, 52in x 84in		200
System 5 Multicuff BP Kits	AMERICAN DIAGNOSTIC CORP.	3
Aneroid Sphygmomanometer, Adult		5
OB Kit with Umbilical Scissors, Boxed		10
Disposable Pen Lights		30
Stethoscope		7
Dual Head Infant Stethoscope		2
Evencare G2 Test Strip, 50 Count Bottle	medline industries	60
Evencare G2 Blood Glucose Meter	medline industries	5
safety lancets		10
Disposable Probe Covers, For SureTemp 690 Thermometers	similar/Bound tree- smith medical	20
Morgan Lens™ Disposable Eye Therapeutic	MORTAN CORPORATION INC	5
Safety control seals		200
Hot Pack, Large		30
Cold Pack, Medium		150
Normal Saline, USP, 500mL		150
Cloth Tape, 1 in x 10 yds		75
Cloth Tape, 3 in x 10 yds		20
Oral glucose		80
Curaplex® Patient Transporter, 1800lb Capacity, 14 Handles	curaplex	5
Wash Basin, Graphite, 6qt		10
Soft restraints		20
Facial Tissue, 100 Sheets/Box		20
Nose Clip, Plastic		20
Ring Cutter		5
via valve Catheter, 22ga x 1in L, Blue	SMITHS MEDICAL ASD, INC.	10 Boxes of 50
via valve Catheter, 16ga x 1-1/4in L, Gray	SMITHS MEDICAL ASD, INC.	5 Boxes of 50
via valve Catheter, 24ga x 3/4in L, Yellow	SMITHS MEDICAL ASD, INC.	10 Boxes of 50
via valve Catheter, 18ga x 1-1/4in L, Green	SMITHS MEDICAL ASD, INC.	10 Boxes of 50
via valve Catheter, 20ga x 1-1/4in L, Pink	SMITHS MEDICAL ASD, INC.	30 Boxes of 50
via valve Catheter, 14ga x 1-1/4in L, Orange	SMITHS MEDICAL ASD, INC.	5 Boxes of 50
Duo-Vent IV Solution Set, 92in L, Clearlink Luer Activated Valve, Interlink Injection Site, Male Luer Lock Adapter	BAXTER HEALTHCARE- DMG	1000
IV Start Kits		1000

<b>Pre-filled Flush Syringes with 0.9% Sodium Chloride, 10mL Fill in 12mL</b>		<b>1200</b>
<b>IV Solution, Sodium Chloride 0.9%, 100ML Bag</b>		<b>100</b>
<b>0.9% Sodium Chloride, 250ml Bag</b>		<b>10</b>
<b>IV Solution 0.9% Sodium Chloride, 500ml Bag</b>		<b>200</b>
<b>Sodium Chloride 0.9%, 1000ml IV Bag</b>		<b>700</b>
<b>0.9% Sodium Chloride Injection, USP, 50mL, Flexible Container</b>		<b>20</b>
<b>3-Way Stopcock, 0.26mL, Spin-lock Connector</b>		<b>20</b>
<b>Patriot IV Extension Set, 8in</b>	<b>CODAN INC</b>	<b>1200</b>
<b>Disposable IV Armboard, 3in x 12in</b>		<b>10</b>
<b>IV Armboards, 1 x 4in</b>		<b>10</b>
<b>Disposable IV Armboard, 2in x 6in</b>		<b>10</b>
<b>IV Armboards, 3 x 9in</b>		<b>10</b>
<b>Infu-Surg® Disposable Pressure Infusion Bag with Bulb and Gauge, 1000cc</b>	<b>ETHOX MEDICAL, LLC</b>	<b>50</b>
<b>Curaplex® Sharps Container, Mailbox/Rotating Lid, 5.4 Quart</b>	<b>curaplex</b>	<b>40</b>
<b>SharpSafety Transportable Sharp Container, 1qt, Red</b>	<b>CARDINAL HEALTH</b>	<b>25</b>
<b>Alcohol Prep Pad, Sterile, Medium</b>		<b>30</b>
<b>Hypodermic Needle-Pro® w/ Safety, Orange, 18G x 1-1/2in</b>	<b>SMITHS MEDICAL ASD, INC.</b>	<b>50</b>
<b>Needle-Pro® Hypodermic Needle with Edge Safety Device, Orange, 25G x 5/8in</b>	<b>SMITHS MEDICAL ASD, INC.</b>	<b>50</b>
<b>Hypodermic Needle, 22ga x 1-1/2in, Black Hub</b>	<b>SMITHS MEDICAL ASD, INC.</b>	<b>50</b>
<b>Syringe Luer-Lok™, 10 mL</b>	<b>BECTON DICKINSON</b>	<b>100</b>
<b>Monoject™ Smart Tip Needleless Vial Access Combination, 16ga Needle, 3 mL Syringe</b>	<b>CARDINAL HEALTH</b>	<b>50</b>
<b>Luer Lock Tip General Purpose Syringe without Needle, 3mL</b>		<b>60</b>
<b>Luer Lock Tip General Purpose Syringe with Cap, 5 to 6mL</b>		<b>60</b>
<b>Luer Lock Tip Hypodermic Syringe without Needle, 20cc</b>		<b>60</b>
<b>Luer-slip Tip Tuberculin Syringe with Needle, 1cc, 27ga x 1/2in</b>	<b>EXEL INTERNATIONAL, INC.</b>	<b>50</b>
<b>MAD Nasal™ Intranasal Mucosal Atomization Device without Syringe</b>	<b>TELEFLEX MEDICAL</b>	<b>70</b>
<b>Blunt Fill Needle w/ 5 micron Filter, 18ga x 1.5in</b>		<b>50</b>
<b>Interlink® Vial Access Cannula, 15ga</b>	<b>BECTON DICKINSON</b>	<b>50</b>
<b>Tegaderm™ Wound Care Dressing, 2-3/8in x 2-3/4in</b>	<b>3M</b>	<b>25</b>
<b>Aspirin Chewable Tablets, 81mg, Orange Flavor, 36/BT</b>		<b>25</b>
<b>2-piece Polyester Vinyl Restraint Strap with Metal Push Button Buckle and Loop-Lok Ends, 7ft L x 2in W, Blue</b>		<b>15</b>
<b>SAM Pelvic Sling™ II, Large</b>	<b>SAM MEDICAL</b>	<b>2</b>
<b>SAM Pelvic Sling™ II, Medium, Orange/Blue</b>	<b>SAM MEDICAL</b>	<b>2</b>
<b>SAM Pelvic Sling™ II, Small</b>	<b>SAM MEDICAL</b>	<b>2</b>
<b>Trauma Shears</b>		<b>10</b>

<b>Prosplint Combo Splint Kit, Adult and Child</b>	<b>MEDSPEC</b>	<b>20</b>
<b>Stifneck® Pedi-Select™ Extrication Collar, Pediatric</b>	<b>LAERDAL MEDICAL CORP.</b>	<b>25</b>
<b>Stifneck® Select™ Extrication Collar, Adult</b>	<b>LAERDAL MEDICAL CORP.</b>	<b>50</b>
<b>2-piece Nylon Restraint Strap with Metal Push Button Buckle and Swivel Speed Clip Ends, 5ft L x 2in W, Yellow</b>		<b>20</b>
<b>Curaplex® Instant Head Immobilizer, Adult</b>	<b>curaplex</b>	<b>5</b>
<b>Curaplex® Instant Head Immobilizer, Child</b>	<b>curaplex</b>	<b>5</b>
<b>Curaplex® Quick-Connect Carrier</b>	<b>CURAPLEX</b>	<b>10</b>
<b>Piston Irrigation Syringe, 60cc</b>	<b>DYNAREX CORPORATION</b>	<b>5</b>
<b>IV Tourniquet, Blue</b>		<b>20 boxes of 100</b>
<b>Combat Application Tourniquet, Tactical Black</b>	<b>NORTH AMERICAN RESCUE PRODUCTS</b>	<b>10</b>
<b>QuikClot Combat Hemostatic Gauze, Black, 3in x 4yd</b>	<b>Z-MEDICA LLC</b>	<b>20</b>
<b>Abdominal Combine Dressing, Sterile, 8in x 10in</b>		<b>10 boxes of 25</b>
<b>Abdominal Combine Dressing, Sterile, 5in x 9in</b>		<b>10 boxes of 25</b>
<b>Sterile Sponge, Non-Woven, 4-ply, 2in x 2in</b>		<b>100</b>
<b>Non-Sterile Sponge, Non-Woven, 4-ply, 4in x 4in</b>		<b>100</b>
<b>Burn Sheet, 60in x 90in</b>		<b>20</b>
<b>SAM Chest Seal with Valve Slim Pack</b>	<b>SAM MEDICAL</b>	<b>20</b>
<b>Rolled Gauze Bandage, Sterile, 6in</b>		<b>200</b>
<b>Conforming Non-sterile Stretch Gauze Bandage, 4in</b>		<b>100</b>
<b>Conforming Non-sterile Stretch Gauze Bandage, 2in</b>		<b>100</b>
<b>Multi-purpose Trauma Dressing, 12in x 30in</b>		<b>35</b>
<b>QuikClot® EMS Rolled Gauze, 3in x 4ft</b>	<b>Z-MEDICA LLC</b>	<b>15</b>
<b>Triangular Bandage, 40in x 40in x 56in</b>		<b>70</b>
<b>SAM® Splint, Aluminum/Foam Folded, Orange/Blue</b>	<b>SAM MEDICAL</b>	<b>20</b>
<b>Vacuum Splint Random Only</b>		<b>40</b>
<b>0.9% Sodium Chloride Solution For Irrigation, 500mL</b>		<b>50</b>
<b>Cohesive Elastic Bandage, 2in, Blue</b>		<b>30</b>
<b>Band-Aid® Adhesive Bandage, 1in x 3in</b>		<b>20 boxes of 100</b>



**PLEASE ATTACH A SEPERATE PROPOSAL TO THIS COMPLETED BID PACKAGE FOR PRICING.**

In compliance with all specifications enclosed the Bidder hereby proposes to provide services/equipment in strict accordance with the specifications provided.

**Specify Brand:** \_\_\_\_\_

**Purchase Price:**

\_\_\_\_\_ Dollars \$ \_\_\_\_\_  
Written \_\_\_\_\_ Figures

Warranty Coverage \_\_\_\_\_

Warranty Period \_\_\_\_\_

Extended Warranty \_\_\_\_\_

• Proposal Submitted by (Business Name) \_\_\_\_\_

• Title of person authorized to sign proposals \_\_\_\_\_

• Name of person authorized to sign proposals (printed) \_\_\_\_\_

• Signature of person authorized to sign proposals \_\_\_\_\_

• Business Phone \_\_\_\_\_ Business Fax \_\_\_\_\_

• Business Address \_\_\_\_\_ Date \_\_\_\_\_

• Business Email \_\_\_\_\_

• Business Type \_\_\_\_\_ (Individual, Partnership, Corporation etc.)

**Please provide a complete signed proposal with pricing attached to this form for Bid as well as this completed bid package.**



**Town of Salem, New Hampshire**

***Purchasing Department  
33 Geremonty Drive  
Salem, New Hampshire 03079  
PH (603) 890-2090 FAX (603) 890-2091***

**No Bid Questionnaire**

Reference: Sealed Bid-2021-005

If you choose not to bid, please complete the questionnaire below and return it with your response by the bid opening date. Your assistance in helping us to analyze no bid rationale is very much appreciated. Thank You.

\* \* \* \* No Bid Questionnaire \* \* \* \*

A no bid is submitted in reply to the Town of Salem, NH invitation for bids for (enter requirement description): \_\_\_\_\_

Dated \_\_\_\_\_, for the following reasons:

\_\_\_\_\_ Item not supplied by our company.

\_\_\_\_\_ Bid Specification (Give reason(s) e.g., too restricted, not clear etc.)

\_\_\_\_\_ Profit Margin too low

\_\_\_\_\_ Past experience with the Town of Salem (give specific's e.g. payment delay, bid process, admin problems, etc. \_\_\_\_\_)

\_\_\_\_\_ Insufficient time allowed to prepare and respond to bid request.

\_\_\_\_\_ Bid requirements too large \_\_\_\_\_ or too small \_\_\_\_\_ for our company.

\_\_\_\_\_ Priority of other business opportunities limits time.

\_\_\_\_\_ Other reason(s) Please Specify: \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

\_\_\_\_\_ (Signature)

(Name & Title)

## **GENERAL TERMS AND CONDITIONS**

**PREPARATIONS OF BIDS/PROPOSALS:** Proposals shall be submitted on the forms provided and must be signed by the Bidder or his authorized representative. The person signing the proposal shall initial any corrections to entries made on the attached forms.

Vendors must provide pricing on all items appearing on the bid forms unless specific directions in the advertisement, on the bid form or in the special provisions allowed for partial bids. Failure to provide pricing on all items may disqualify the bid. Alternative bids will be considered, unless otherwise stated, only if the alternate is described completely, including, but not limited to, sample, if requested and specifications sufficient so that a comparison to the request can be made.

Any questions or inquiries must be submitted in writing, and must be received by the Purchasing Department no later than seven (7) calendar days before the Request for Proposal due date to be considered. Any changes to the Request for Proposal will be provided to all bidders of record.

The name of manufacturer, trade name, or catalog number mentioned in this request for bid description is for the purpose of designating a minimum standard of quality and type. Such references are not intended to be restrictive, although specified color, type of material and specified measurements may be mandatory.

Proposals will be considered for any brand that meets or exceeds the quality of the specifications listed. On all such proposals, the bidder shall specify the product they are proposing and shall supply sufficient data to enable a comparison to be made with the particular brand or manufacturer specified. Failure to submit the above may be sufficient grounds for rejection of the proposal.

**SUBMITTED BIDS/PROPOSALS:** Proposals must be submitted as directed in the Notice to Qualified Firms, and on the forms provided unless otherwise specified. Proposals must be typewritten or printed in ink. Proposals must be mailed or delivered in person. Proposals that are faxed or emailed will not be accepted.

**WITHDRAWING BIDS/PROPOSALS:** Proposals may be withdrawn prior to the opening date and time upon written request of the Proposer. Negligence on the part of the Proposer in preparing his/her proposal shall not constitute a right to withdraw a proposal subsequent to the proposal opening.

### **PROPOSAL EVALUATION:**

The Town reserves the right to reject any and all proposals received in response to the proposal. A proposal may be rejected, if the Firm:

- a. Fails to adhere to one or more of the provisions established in the proposal.
- b. Fails to submit its proposal at the time or in the format specified herein or to supply the minimum information requested herein.
- c. Fails to meet the minimum evaluation criteria specified in this proposal.
- d. Fails to submit its proposal to the required address on or before the deadline date established by the Town.
- e. Misrepresents its services, experience and personnel by providing demonstrably false information in its proposal or fails to provide material information.

- f. Fails to submit its cost on the enclosed bid form.
- g. Refuses a reasonable request for an interview.
- h. Refuses to provide clarification requested by the town.

**RECEIPT AND OPENING OF PROPOSALS:**

Proposals shall be submitted prior to the time fixed in the Request for Sealed Bids/RFP. Proposals received after the time so indicated shall be returned unopened.

**PROPOSAL RESULTS:**

All sealed bids received will be considered confidential and not available for public review until after the bid opening is conducted. Results will not be given over the phone. Please send your request in writing or send an email to [cawholley@ci.salem.nh.us](mailto:cawholley@ci.salem.nh.us) to receive sealed bid results after the public opening. Request for Proposals will remain confidential until the proposer has been selected.

**KNOWLEDGE AND EXPERIENCE:** Provide a description of the firm's knowledge and experience in the industry. Highlight your company's experience to provide the highest quality and effective product and reliable service and support.

**AWARD OF CONTRACT:** It is the policy of the Town of Salem, NH that contracts are awarded only to responsible bidders. In order to qualify as responsible, a prospective vendor must meet the following standards as they relate to this request:

- A. Have adequate financial resources for performance or have the ability to obtain such resources as required during performance.
- B. Have the necessary experience, organization, technical and professional qualifications, skills and facilities.
- C. Be able to comply with the proposed or required time of completion or performance schedule; and
- D. Have a demonstrated satisfactory record of performance.
- E. Adhere to the specifications of this bid and provide all documentation required of this bid.

The contract will be awarded to a responsive & responsible bidder based on the qualifications and experience of the bidder, the quality of the equipment/product /materials/services to be provided and the support that the bidder offers during the duration of the supply terms.

**EXECUTION OF AGREEMENT:**

The successful Proposer shall sign (execute) the necessary agreements for entering into the contract and return such signed agreements to the town within ten (10) calendar days from the date mailed or otherwise delivered to the successful Proposer.

**FAILURE TO EXECUTE AGREEMENT:**

Failure of the successful Proposer to execute the agreement at the date and time agreed upon by the Town and the successful Proposer shall be just cause for cancellation of the award and forfeiture of all deposits.

**CONTRACT TERMINATION:**

If at any time the Proposer fails to provide proper services during the contract period, the Town of Salem, NH will have the option to terminate the contract at any time without notice.

**FAILURE TO SUPPLY GOODS OR SERVICES:** If during the contract period the successful vendor fails to supply the Town of Salem, New Hampshire with the equipment/service (s). The Town of Salem, will purchase this product/service(s) on the open market and the vendor will compensate the Town of Salem, New Hampshire with the difference between the bid price and the price incurred on the open market.

**RIGHT TO REJECT BIDS:** The Town reserves the right to reject any and all sealed bids, should the Town deem it to be in the best interest of the public.

**INSURANCE CERTIFICATES:** The Proposer must supply a current insurance certificate before any work commences. See; Insurance requirements.

**PRICING:** Unless otherwise specified all prices listed are firm for the term of the contract. All prices should include all labor and material costs, and any discounts offered.

**DELIVERY:** Deliveries are to be made only to the department or division indicated on the order and in accordance with accepted commercial practices, without extra charge for packing or containers.

**GUARANTEES AND WARRANTIES:** All parts and labor related to agreements must be guaranteed and include a warranty. If any work is unable to be guaranteed, the contractor must inform the Town, in writing, prior to the delivery of an item or any work being performed.

**FORCE MAJEURE:** Neither party shall be liable for any inability to perform its' obligations under any subsequent agreement due to war, riot, insurrection, civil commotion, fire, flood, earthquake, storm or any other act of God.





**Town of Salem, New Hampshire**

***Purchasing Department  
33 Geremonty Drive  
Salem, New Hampshire 03079  
PH (603) 890-2090 FAX (603) 890-2091***

**Insurance Requirements**

A current Insurance certificate must be provided prior to commencing any work on this project, in the following amounts:

Comprehensive General Liability	
Combined single limit	\$ 1,000,000.00
Workmen's Compensation	
& Employers Legal Liability	\$ 500,000 per accident

The Contractor shall procure and maintain for the duration of this project Workmen's Compensation Insurance as required by State Law for all of his employees that are engaging in any work at the site of the project whether direct employees or subcontracting associates.

**Non-Collusion Statement**

The Undersigned certifies under penalties of perjury that this bid in all respects is bonafide, fair and made without collusion or fraud with any other person. As used in this paragraph, the "PERSON" shall mean any natural person, joint venture, partnership, corporation or other business or legal entity.

Title \_\_\_\_\_

Signature \_\_\_\_\_

Company \_\_\_\_\_



**Town of Salem, New Hampshire**

***Purchasing Department  
33 Geremonty Drive  
Salem, New Hampshire 03079  
PH (603) 890-2090 FAX (603) 890-2091***

**INDEMNIFICATION AGREEMENT**

The successful vendor agrees to indemnify, investigate, protect, defend and save harmless the Town of Salem, NH, it's officials, officers, agents and employees from any and all claims and losses accruing or resulting to any and all contractors, subcontractors, suppliers, laborers and any other person, firm or corporation furnishing or supplying work, services, materials, equipment or supplies in connection with the performance of this contract and from any and all claims and losses accruing or resulting to any person, firm or corporation which may be injured or damaged by the vendor in the performance of this contract. In any case, the forgoing provisions concerning indemnification shall not be construed to indemnify the Town for damage arising out of bodily injury to persons or damage to property caused by or resulting from the sole negligence of the Town or its employees. This indemnification shall survive the expiration or early termination of this contract.

- Company \_\_\_\_\_
- Taxpayer Identification Number \_\_\_\_\_
- Authorized Signature \_\_\_\_\_
- Contact Phone \_\_\_\_\_
- Address \_\_\_\_\_
- Date \_\_\_\_\_

**Request for Taxpayer  
Identification Number and Certification**

Give Form to the  
requester. Do not  
send to the IRS.

Print or type See Specific instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ (Applies to accounts maintained outside the U.S.)	
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional) <b>Town of Salem, NH 33 Geremonty Drive Salem, NH 03079</b>
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I Instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number								
				-				
or								
Employer identification number								
				-				

**Part II Certification**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

<b>Sign Here</b>	Signature of U.S. person ▶ _____	Date ▶ _____
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**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/w9](http://www.irs.gov/w9).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.